



## Okanogan Environmental Health Tobacco Survey

Date: \_\_\_\_\_

Survey number: \_\_\_\_\_

- 
1. What is your zip code? \_\_\_\_\_
  2. Do you consider yourself?  
☐ White   ☐ Hispanic/Latino   ☐ African American   ☐ Native American  
☐ Asian   ☐ Other \_\_\_\_\_   ☐ Refused to answer
  3. What is your relationship in this household? (HHH=head of household)  
☐ Female HHH   ☐ Male HHH   ☐ Adult Relative   ☐ Adult Friend   ☐ Other \_\_\_\_\_
  4. What is your marital status?  
☐ Single   ☐ Married   ☐ Divorced   ☐ Widowed   ☐ Other \_\_\_\_\_
  5. Have you ever heard the term "Second Hand Smoke"?  
☐ Yes   ☐ No   ☐ Not sure  
If YES, what does it mean? \_\_\_\_\_
  6. Not including yourself, how many other ADULTS, 18 years or older, currently live in your household?
  7. Are there any CHILDREN (newborn to age 17) in your household?  
☐ Yes   ☐ No   If YES, how many? \_\_\_\_\_
  8. Are there any PREGNANT women in your household?  
☐ Yes   ☐ No   If YES, how many? \_\_\_\_\_
  9. Are there any OLDER ADULTS (over 65) in your household?  
☐ Yes   ☐ No   If YES, how many? \_\_\_\_\_
  10. Has anyone living in your household ever been diagnosed with lung disease?  
(e.g., asthma, emphysema, COPD, lung cancer, or chronic upper respiratory infections)  
☐ Yes   ☐ No   ☐ Don't know/Not sure   ☐ Refused to answer   If YES, whom? \_\_\_\_\_
  11. If you had the choice of restaurants, would you choose a smoke-free one over one that permitted smoking?  
☐ Smoke-free   ☐ Permitted smoking   ☐ No preference   ☐ Refused to answer
  12. Do you choose to sit in the smoking section or non-smoking section?  
☐ Smoke-free   ☐ Permitted smoking   ☐ No preference   ☐ Refused to answer



13. I am going to ask you about different people who might either live in your home or visit on a regular basis, for each person, tell me if they smoke and if so, how much
- A. Are you a smoker? ☐ Yes ☐ No ☐ Refused to answer  
If YES, how much? Cigarettes/day \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
☐ Don't know ☐ Refused to answer
- B. Is your partner (husband/wife/boyfriend/girlfriend) a smoker?  
☐ Yes ☐ No ☐ Refused to answer  
If YES, how much? Cigarettes/day \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
☐ Don't know ☐ Refused to answer
- C. Does ANYONE ELSE who lives in your home smoke?  
☐ Yes ☐ No ☐ Refused to answer ☐ N/A (no other people in the house)  
If YES, whom? \_\_\_\_\_  
If YES, how much? Cigarettes/day \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
☐ Don't know ☐ Refused to answer
- C. Does any of your FRIENDS or RELATIVES, who visit your home frequently smoke?  
☐ Yes ☐ No ☐ N/A (i.e., no visitors) ☐ Refused to answer
14. Is there a smoker in any place where your child spends time, other than your home?  
☐ Yes ☐ No ☐ No children ☐ Refused to answer  
What is that place? \_\_\_\_\_  
How much time does your child spend there each week? \_\_\_\_\_
15. On a typical day, how much tobacco smoke do you think your child is exposed to at home, at day care, in the care of relatives, or at a friend's house?  
☐ None ☐ 1-2 hrs/day ☐ 3-4 hrs/day ☐ >4 hrs/day ☐ Don't know ☐ No children
16. Is smoking allowed inside your home? ☐ Yes ☐ No ☐ Refused to answer  
If NO, even when the weather is bad? ☐ Yes ☐ No  
If YES, is it allowed everywhere, or only in certain areas?  
☐ Everywhere ☐ Only in certain areas (specify): \_\_\_\_\_
17. Does anyone ever smoke in your car?  
☐ Yes ☐ No ☐ Don't own a car ☐ Refused to answer  
If YES, how often? ☐ Frequently ☐ Sometimes ☐ Rarely
18. Where do you get information about health? (select all that apply)  
☐ Health Care Professional ☐ Friend/Relatives ☐ TV ☐ Radio ☐ Newspapers  
☐ Magazines ☐ Pamphlets/Flyers/Posters ☐ School ☐ Other \_\_\_\_\_